

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036804

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8634

STATE FILE NUMBER

FILED SEP 17 1962

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN ST. LOUIS

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Louisc. CITY  
OR  
TOWNInside Limits  
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION BETHESDA GENERALInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
10124 Natural BridgeReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

KATHLEEN

Middle

MARGARET

Last

TUMA

## 4. DATE OF DEATH

Month

8

Day

25

Year

62

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

8-24-62

## 9. AGE (last birthday)

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

18

45

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

JERRY ALLAN TUMA

## 13b. MOTHER'S MAIDEN NAME

BARBARA LEE SCHUTZ

## 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. B. L. Tuma 10124 Natural Bridge

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

## DUE TO (b)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (c)

INTERVAL BETWEEN  
ONSET AND DEATH

20 hr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but, not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from  
Death occurred at

8/24 to 8/25/62

8/25/62

8/25/62

8/25/62

8/25/62

8/25/62

8/25/62

8/25/62

## 22a. SIGNATURE

(Name or title)

## 22b. ADDRESS

550 New Ballas Rd.

## 22c. DATE SIGNED

8/28/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

9-30-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Anatomical Board

## 23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Rowland Mortuary Svc.

4104-06 Manchester

## 25. DATE BY LOCAL REG

SEP 6 1962

## 26. REGISTRAR'S SIGNATURE

Kean Smith, M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.